



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 45980		2. Exact name of the Corporation RHODE ISLAND CLEANING SERVICE, INC.			
3. Principal office address 179 FRONT STREET		City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 401-726-5440		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL CLEANING AND OTHER PURPOSES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name BARBARA MIGUEL			Vice-President Name BARBARA MIGUEL		
Street Address 968 LOWER RIVER ROAD			Street Address 968 LOWER RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name BARBARA MIGUEL			Treasurer Name BARBARA MIGUEL		
Street Address 968 LOWER RIVER ROAD			Street Address 968 LOWER RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name BARBARA MIGUEL			Director Name BARBARA MIGUEL		
Street Address 968 LOWER RIVER ROAD			Street Address 968 LOWER RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FILED

SEP 22 2016

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Barbara Miguel
Signature of Authorized Representative

9/21/2016
Date

BARBARA MIGUEL, PRESIDENT

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

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